

| ACTION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| Fee Determination | BA | | 0515-1 |
| O.I.P.E. Classifier | | | 5/10/01 |
| Formality Review | TH | 1118 | 8-06-01 |
| Response Formality Review | MD | JGM | 1106/01 |

INDEX OF CLAIMS

| | | | |
|---|--------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral) ... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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RESP #8/
11-07-01

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